## INDIVIDUAL MONTHLY DRILL PERFORMANCE

INSTRUCTIONS: 1. The worksheet on the reverse side of this form will be used to itemize rill activity performed in increments of less than four hours. 2. The front page will include documentation of all drill activity claimed for the month, including a summary of those activities on the worksheet (see reverse side). 3. Verification of each claimed activity will be by signature, endorsement, or written statement from a representative of the activity/site sponsoring the CHEER/CME or mutual support.

ATTENTION: Medical IMA/PRIMUS Reports will be submitted to COMMANDR NAVAL RESERVE READINESS CENTER (specify) via C.O. MTF/OIC

DET/OIC Unit. Other IMA Reports will be submitted to the NAVAL RES						SERVE READINESS COMMAND. UNIT ASSIGNED:			
						NR FLEET HOSPITAL FORT DIX DETACHMENT 14			
TO: Commander, Naval Reserve Center Fort Dix, Fort Dix, NJ							Code		
Via: (MTF/PRIMUS OIC/UNIT C.O.) NR FH FDIX DET 14									
1. I report the following activity creditable for drill. To replace my fiscal year 2002 drills for:									
NO. OF DATE OF NO. OF LOCATION OF						DUTY PERFORMED	VERIFICATION		
	LLS	DRILLS(S)	HOURS	DRILLS(S)		DOTT I ENTONWIED		(e.g., signature, endorsement)	
DP	NP								
SIGNATURE OF MEMBER: DATE SIGNED:							GNED: 12-Apr-2002		
12-Apr-2002									
FIRST ENDORSEMENT									
From: (MTF/PRIMUS OIC/UNIT C.O.) NR FH FDIX DET 14									
TO: Commander, Naval Reserve Center Fort Dix, Fort Dix NJ Code									
1. The following drills are authorized: Drill Pay Non Pay									
NAI	ΜĒ:				SIGNAT	URE:		DATE:	
Copy to: RETAIN MEMBER									

NAVRES 1570/16 (Rev. 5-87) (Front)